

**ETHICS REVIEW COMMISSION**  
**CHAPTER 2-7 CITY CODE**  
**COMPLAINT**

NAME OF PERSON(S) FILING COMPLAINT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PLEASE FILE A SEPARATE COMPLAINT FORM FOR EACH PERSON COMPLAINED AGAINST.

NAME OF PERSON COMPLAINED AGAINST: \_\_\_\_\_

CITY OFFICE, DEPARTMENT, COMMISSION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER [IF KNOWN]: \_\_\_\_\_

EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_

The Ethics Review Commission has jurisdiction to hear complaints alleging violation(s) of the following provisions:

- City Code, Chapter 2-1, Section 2-1-24 (City Boards, Conflict of Interest and Recusal)
- City Code, Chapter 2-2 (Campaign Finance)
- City Code, Chapter 2-7 (Ethics and Financial Disclosure), except for Article 6 (Anti-lobbying and Procurement)
- City Code, Chapter 4-8 (Regulation of Lobbyists)
- City Charter, Article III, Section 8 (Limits on Campaign Contributions and Expenditures)

PLEASE LIST EACH ALLEGED VIOLATION OF THE ABOVE CITY CODE AND CHARTER PROVISIONS SEPARATELY ON THE FOLLOWING PAGES.

I.

SECTION OF CHARTER OR ORDINANCE VIOLATED: \_\_\_\_\_

DATE OF ALLEGED VIOLATION: \_\_\_\_\_

ACTIONS ALLEGED TO BE A VIOLATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT INFORMATION OF ANY PERSON(S), OTHER THAN THE PERSON COMPLAINED AGAINST, WHO IS IDENTIFIED BY NAME ABOVE OR IN ANY ATTACHMENTS AS INVOLVED IN THE ALLEGED INAPPROPRIATE CONDUCT: (Leave blank if inapplicable.)

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_

II.

SECTION OF CHARTER OR ORDINANCE VIOLATED: \_\_\_\_\_

DATE OF ALLEGED VIOLATION: \_\_\_\_\_

ACTIONS ALLEGED TO BE A VIOLATION:

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WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED: \_\_\_\_\_

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EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_

III.

SECTION OF CHARTER OR ORDINANCE VIOLATED: \_\_\_\_\_

DATE OF ALLEGED VIOLATION: \_\_\_\_\_

ACTIONS ALLEGED TO BE A VIOLATION:

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WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED: \_\_\_\_\_

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MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_

IV.

SECTION OF CHARTER OR ORDINANCE VIOLATED: \_\_\_\_\_

DATE OF ALLEGED VIOLATION: \_\_\_\_\_

ACTIONS ALLEGED TO BE A VIOLATION:

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WITNESSES OR EVIDENCE THAT WOULD BE PRESENTED: \_\_\_\_\_

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EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_

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MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS [IF KNOWN]: \_\_\_\_\_

[IF MORE ROOM IS NECESSARY, PLEASE CONTINUE ON A BLANK PAGE USING THE SAME FORMAT]

ALL THE STATEMENTS AND INFORMATION IN THIS COMPLAINT ARE TRUE AND FACTUAL TO THE BEST OF MY KNOWLEDGE.

DATE: \_\_\_\_\_

\_\_\_\_\_  
COMPLAINANT'S SIGNATURE

\_\_\_\_\_  
PRINT NAME

STATE OF TEXAS

COUNTY OF TRAVIS

This instrument was acknowledged, sworn to and subscribed before me by

\_\_\_\_\_  
On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, to certify which witness my hand and official seal.

\_\_\_\_\_  
Notary Public in and for the State of Texas

\_\_\_\_\_  
Typed or Printed Name of Notary

THIS FORM MUST BE SUBMITTED TO THE OFFICE OF THE CITY CLERK.